ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61-030067
STATE FILE NUMBER

AMENDED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 25

FILED SEP 12 1961

1. PLACE OF DEATH
a. COUNTY Maries
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Belle
Length of stay in 1b Lived here Several years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION —
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Maries
c. CITY OR TOWN Belle
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Ray Middle: Francis Last: Daniels

4. DATE OF DEATH Month: Sept Day: 6 Year: 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH July 30-1916

9. AGE (Last birthday) 45
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Dixon - Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Evert Daniels

13b. MOTHER'S MAIDEN NAME Sottie Chambers

14. NAME OF HUSBAND OR WIFE Edith Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W II

17. INFORMANT Edith Daniels Address Belle - Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension & Cardio Vascular Renal disease 4 yrs.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 5 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/6/61 to 9/6/61 and last saw ~~her~~ him alive on 9/6/61
Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) K. H. Schoenlaub MD

22b. ADDRESS Belle, Mo

22c. DATE SIGNED 9/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept 8-196

23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery

23d. LOCATION (City, town, or county) (State) Belle - Missouri

24. FUNERAL DIRECTOR ADDRESS Sassman Funeral Service Belle Mo
Chas Sassman,

25. DATE RECD. BY LOCAL REG. Sept 9, 1961

26. REGISTRAR'S SIGNATURE Mozelle Hutchison

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

SEP 19 1961

SEP 19 1961

OCT 10 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Chester Lassen

Licensed Embalmer No. 4128

P. O. Address Blanchard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.